CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

# Ankle fracture fixation

## Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, matches the treatment to your specific injury. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At the clinic, we take a history, examine your ankle and arrange x-rays where needed to work out what has been broken and how stable it is.

Ankle fracture fixation is an operation that holds the broken bones of your ankle in place while they heal. It is typically offered when the fracture is unstable, meaning the broken pieces have moved apart or are likely to. Some fractures that are not displaced, or can be nudged back into place and stay put, can be managed without surgery in a plaster, with close monitoring. For acute injuries like a broken ankle, we may recommend surgery straight away rather than trying non-operative care first. The goals of treatment are a healed fracture and an ankle that moves and functions normally without pain.

## Before the operation

Once surgery is planned, a few simple preparations help the day go smoothly. You will be given clear instructions about fasting: nothing to eat for seven hours beforehand. We ask for seven hours rather than six so you can be brought forward if the theatre list runs early. Some medications may need to be paused, so bring a written list of everything you take and your surgeon will advise which ones to stop. Arrange for someone to drive you home afterwards, as you will not be in a fit state to drive. Wear loose, comfortable clothing. X-rays are usually all that is needed to plan the operation, though an MRI (a scan that shows soft tissues such as ligaments) or an ultrasound may occasionally be arranged. If you have other medical conditions, you may need blood tests or a review with the anaesthetist (the specialist who looks after you during the operation).

## On the day

You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist, the specialist who looks after you during the operation. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist

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will discuss this with you on the day. You are then taken into the operating theatre, where the operation is performed.

You wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you either go to the ward or go home, depending on the procedure and your recovery. If you go home the same day, you will need someone to drive you, as arranged beforehand.

## What the operation involves

The aim of the operation is to put the broken pieces of bone back into their normal position and hold them there while they heal. Getting the bones back to their normal length and alignment matters, because this is what restores the way your ankle works.

Your surgeon makes a cut (or cuts) over the broken part of your ankle to reach the bone. The broken pieces are moved back into place, then held with metal plates, screws or a rod inside the bone. Which method is used depends on which bone is broken and how the pieces have moved. If a smaller fragment at the back of the ankle is involved, it can be reached through a cut on the outer side of the ankle and fixed in place. If the joint between the two shin bones has been torn apart, it may be held together with screws or a flexible band while the ligaments heal.

The wound is closed with stitches and covered with a dressing. The dressing stays on for about 10 days; the 'After the operation' section explains what happens then.

## After the operation

For the first day or two, your main job is rest. You wake up in the recovery area, then move to the ward when you are ready. Your foot will be in a dressing, and your ankle may be supported in a plaster or a removable boot to protect it while it settles. Pain relief is planned for you before the numbness wears off, so tell the nurses how you are feeling and they can adjust it. You will be shown how to move around without putting weight on the sore foot, using crutches or a frame. Someone should stay with you for the first 24 hours after you get home. Your team will tell you whether you go home the same day or stay one night in hospital. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

## Recovery

Expect soreness and swelling in the first days and weeks. This is a normal part of healing. Rest, keeping the foot raised, and the pain relief plan made for you in hospital all help ease it. The swelling usually settles gradually as the ankle heals.

In the early days your job is simple: rest, keep the foot up, and move around safely without putting weight on the sore foot, using crutches or a frame as you were shown. Your ankle may be in a plaster or a removable boot

to protect it while it settles. Your physiotherapist will guide you through exercises as your recovery progresses. These usually start gently and build up as movement returns and the swelling settles. Day by day, you will notice small gains: standing more comfortably, moving the ankle a little further, and managing more around the house.

Some milestones are easy to recognise. Once your surgeon clears you to put weight on the foot, walking gets steadily easier. When the swelling has settled and you can move the ankle confidently, everyday activities feel normal again. If driving is relevant for you, the general rules apply: no driving while your ankle is in a plaster, splint or boot, and only drive when you can react in an emergency stop and are off strong pain medication. Our separate guide on driving after surgery explains this in more detail.

Recovery varies from person to person. Your timeline may differ, and your surgeon and physiotherapist will guide you along the way.

## What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Infection in the bone or joint after ankle surgery is uncommon but serious. It can cause a deep, throbbing pain that does not ease with simple painkillers, along with redness, warmth or fluid leaking from the wound. If you notice any of these signs, contact the clinic straight away or go to the emergency department.

The wound itself can sometimes break down, and the skin at the edge of the cut can die off. This shows up as darkened or pale skin near the wound, or a patch that will not heal. Mention it at your next review, or call the clinic sooner if the area looks worse.

A nerve on the outer side of the ankle can be irritated or injured during surgery. This causes numbness, tingling or a strange, altered feeling along the outside of the foot and ankle. Tell your surgeon about it at review, as these sensations often settle with time.

The metalwork holding the bone can occasionally cause problems. You might feel a lump, a rub or a click under the skin, or the screws may loosen and the bones shift slightly. If the metalwork keeps bothering you, it can be removed in a later operation. Raise it at your review appointment.

Sometimes the broken bone does not knit together as expected. This can cause ongoing pain or a feeling that the ankle is not solid when you stand on it. Your surgeon will pick this up on your x-rays and discuss the options with you.

A condition called complex regional pain syndrome can develop after surgery. It causes pain that seems out of proportion, with swelling, changes in skin colour and sensitivity that makes the foot hard to touch. Report it early, as treatment works best when started soon.

Children who break the outer ankle bone can go on to sprain the same ankle again later. If your child's ankle keeps giving way, bring it up at review.

The complications table on this page lists typical rates if you want the specifics.

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## When to call us

Most problems give early warning signs. Call us if you have a fever, or the wound becomes more red, warm or starts leaking fluid. Call us if pain keeps getting worse instead of easing, or if your calf becomes swollen and tender. Go to emergency if you have shortness of breath, chest pain, sudden severe pain in the ankle, numbness or tingling that is new, or you cannot move your foot or toes at all. These signs need checking straight away. If you are ever unsure, call the clinic. We would rather hear about a small worry than miss a big one.

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